

AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN

In compliance with the Tennessee Workers' Compensation Law, the employer shall designate a panel of 3 physicians from which the injured employee shall have the privilege of selecting. If the injury is to the back, the employee must wait and see an approved chiropractor as a second visit. The first visit after injury must be to a primary care/ urgent care/ or E.R. doctor.

Please choose from the following:

1. First Assist Urgent Care/MedWorks (4 locations)
 - a. Indian Path Medical Center, 2000 Brookside Dr., Kingsport, 423-857-5555
 - b. Wellness Center, 200 Med Tech Parkway, Johnson City, 423-915-5033
 - c. First Assist, 1019 W. Oakland Ave., Johnson City, 423-915-5128
 - d. First Assist, 314 Rogosin Dr., Elizabethton, 423-542-8929
2. Any local Emergency room, if the injury is an emergency (broken bones, excessive bleeding, etc.)
3. Appalachian Emergency Physician Services (4 locations) Main Phone: 239-939-1717
 - a. 200 Brookside Dr., Kingsport, TN
 - b. 1501 W. Elk Ave., Elizabethton, TN
 - c. 300 Med Tech Parkway, Johnson City, TN
 - d. 1901 S. Shady St., Mountain City, TN

I have selected the following entity from the list provided to me by my employer:

Name of Entity: _____

Date of Selection: _____

Date of Injury: _____

Employee's Name: _____ E#: _____

*I understand that if I seek treatment from another provider not approved by the ETSU Office of Human Resources, my claim may be denied.

Employee's Signature: _____

Return this form along with the OSHA Form 301, the TN Accident Report, and Workers' Comp. Waiver to:

ETSU Office of Human Resources, Box 70564, 1276 Gilbreath Dr., Johnson City, TN 37614.

Phone: 423-439-4787, Fax: 423-439-8354

Employer's Signature: _____